

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

★FILED★

2017 JUN 10 PM 11:16

Orig

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DAVID A. PAYNE

Plaintiff,

CLERK
U.S. DISTRICT COURT
E.D.N.Y.
AFTER HOURS DROP BOX

COMPLAINT

-against-
HEALTH AND HOSPITAL CORPORATION,
BROOKLYN EYE SURGERY CENTER,
BROOKLYN EYE CENTER,
DR. MARK HAROONI, JOHN DOE,
DR. SHOBIT RASTOGI,

CV 17- 35367

VITALIANO, J.

Defendants

-----X
LEVY, M.J.

1. Parties:

Plaintiff David Payne, resides at

861 E 46th Street, 1A
Brooklyn, NY 11203

Defendant Health and Hospital Corporation, resides at 125 Worth St,
New York, NY 10013

Defendant Dr. Mark Harooni, resides at Brooklyn Eye Center
1530 Bedford Ave.
Brooklyn, NY 11216
and
Brooklyn Eye Surgery Center
1301 Ave. J,
Brooklyn, NY 11230

Defendant Dr. Shobit Rastogi, resides at Brooklyn Eye Center
1530 Bedford Ave.
Brooklyn, NY 11216

Defendant John Doe resides at Brooklyn Eye Center
1530 Bedford Ave.
Brooklyn, NY 11216

EXHIBIT B-1

On 11/11/15 was the date of a 2nd surgery to remove the oil at Brooklyn Eye Surgery Center 1301 Ave. J, Brooklyn, NY 11230. Dr. Harooni said he removed the oil and covered my eye with a silicone bandage. That bandage was removed on 11/12/15 at Bedford Ave. location .

EXHIBIT B-2

The Brooklyn Eye Surgery Center billed Health First for the surgery dated 11/11/15 by Doctor Mark Harooni, MD

EXHIBIT C-1

On 12/21/15 I had severe pain concentrated around my right eye and on the right side of my head. Dr Harooni told me to come to 1530 Bedford Ave. Brooklyn, NY 11216. When I arrived he told me to sign a form for laser treatment on the right side outer corner of the eye, It was done by Dr. Shobit Rastogi, MD. *It was a terrifying experience for me I stayed in waiting area until I recovered enough to leave.* From that day till present, I continue to have headaches around about my right eye and concentrated on the right side of my head.

EXHIBIT C-2

Dr. Shobit Rastogi billed Health First for the laser treatment surgery done on 12/22/15 .

6/9/16 I visited another doctor Dr. Saffra because of the horrific experience I was having with Dr. Harooni and his colleges. Dr. Saffra told me there is nothing he can do for me to regain the sight in my right eye. People that are acquainted with me say that my eye looks like it has an infection. From the time of the first procedure with Dr. Harooni until present my eye has been and is bright red.

EXHIBIT D

Dr. Norman A. Saffra billed Health First for the consultation on 6/9/16 .

I regret allowing Dr Harooni to perform this medical procedure on my right eye. The botched surgeries that he did and received payment for have caused me an immeasurable amount of hurt, pain and suffering, and has been grievous because of the botched procedures/surgeries and carelessness. I was told by Dr. Saffra would be permanent sight loss in my right eye and I am in a tremendous amount of pain on a daily bases.

I am requesting of this court that it grant legal help to be assigned to me for justice damages caused by Mark Harooni practicing medicine at 1301 Ave. J, Brooklyn, NY 11230 and

1530 Bedford Ave. Brooklyn, NY 11216

Total amount 2 million dollars or what this court decision is of for justice and fairness, my eye is itchy, my head is constantly hurting around and about the right side of my head, I wash my eye as often as I can tolerate to try to alleviate some of the pain most times to no avail.

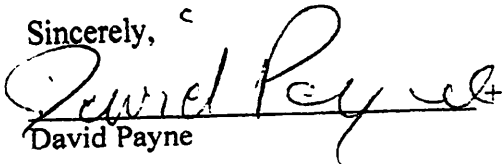
My diagnose is Traumatic Brain Injury I was told by Dr. Harooni at the first consultation that this is the reason for the eye trauma. My diagnose has caused me other physical/organ problems some of the many symptoms I am suffering from is Chronic Pain Syndrome, irregular heart beat, respiration and temperature stabilization problems, chewing and swallowing difficulty, mobility with use of a power chair
Please see Dr. Siby Cherian letter dated July 12, 2016. Also Vignenora Ariyara, MD letter dated 3/22/17

I am requesting court hearings to be done by phone because of my medical conditions stated above.

cell 347-645-9648

home 347-442-0663

Sincerely, ^c


David Payne

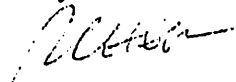



July 12, 2016

To Con Edison:

This letter is to inform that David Payne was seen in our office on 07/12/2016. Patient needs to have his electricity on and not cut off since he has very poor vision. Patient also has reduced mobility, ambulates in wheelchair and history of traumatic brain injury. If you have any question please do not hesitate to give us a call.

Thank you,


Siby Cherian
HeartCare Consultants,
4713 Church Av
Brooklyn, NY 11203

 **MED CARE CONSULTANTS**
—— *Vic Aringarajah, M.D.* —
4713 CHURCH AVENUE, BROOKLYN, NY 11203
Tel: 718-284-7070 • Fax: 718-284-7071
www.medcarenyc.com

4713 Church Ave Brooklyn, NY 11203	4713 Montrose Ave Brooklyn, NY 11206	6814 Flushing Ave Brooklyn, NY 11119	610 E Tremont Ave Brooklyn, NY 11205
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Tel: 718-284-7070 • Fax: 718-284-7071 • heartcareconsultants@gmail.com



Heart Care Consultants

Mar 22, 2017

To whom this may concern:

This letter is to inform that David Payne is my patient and was seen on 03/22/2017. Patient has Traumatic Brain Injury and his diagnosis include Arrhythmia, Dysphagia. Patient has reduced mobility and is in a power wheelchair. He is in chronic pain from abnormal spasms of his neck and Dysphagia. Patient needs personal Aid 8 hours a day and 7 days a week.
If you have any question or concern please feel to to contact me.

Thank you,

Vignendra Ariyarajah MD
HeartCare Consultants
4713 Church Ave
Brooklyn NY, 11203

Dr. Vignendra Ariyarajah MD
HeartCare Consultants
4713 Church Ave
Brooklyn, NY 11203
Tel: 718-284-7070
Fax: 718-282-7071
heartcareconsultants@gmail.com

4713 Church Ave.
Bklyn, NY 11203

226 Montrose Ave.
Bklyn, NY 11205

6924 Ft. Hamilton Bklyn.
Bklyn, NY 11219

920 E. Tremont Ave
Bronx 10457

Tel: 718 284 7070

Fax: 718 282 7071

heartcareconsultants@gmail.com

Exhibit A-1

Page 6 of 32

Exhibit A-1

Exhibit A-1

Exhibit A-1

XL0218 (09/97)

SSI SNAP CENTER (S15)
253 SCHERMERHORN STREET 1ST FL.
BROOKLYN, NY 11201

**NOTICE OF DECISION ON YOUR
SUPPLEMENTAL NUTRITION ASSISTANCE.**

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS
EN ESPANOL, POR FAVOR PONGASE EN CONTACTO
CON SU TRABAJADOR(A).

PROGRAM CODE = F15

NOTICE NUMBER: N035823127		DATE: November 20, 2015		CASE NUMBER: 006147703A	
OFFICE F15	UNIT	WORKER	UNIT OR WORKER NAME		TELEPHONE NO.
AGENCY TELEPHONE NUMBERS			CASE NAME / AND ADDRESS		
GENERAL TELEPHONE NO. <u>718-722-4009</u> FOR QUESTIONS OR HELP			PAYNE DAVID 861 E 46TH ST, Apt 1A BKLYN, NY 11203		
OR Agency Conference <u>718-722-4009</u>					
Fair Hearing information and assistance <u>718-722-4009</u>					
Record Access <u>718-722-4009</u>					
Child/Teen Health Plan <u>718-557-1399</u>					

IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US
FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR
FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.

SUPPLEMENTAL NUTRITION ASSISTANCE

Your application for continued SNAP benefits is APPROVED from December 1, 2015 to November 30, 2019.

You will get \$194.00 in SNAP benefits each month.

This is because you have been included in the New York State Nutrition Improvement Project (NYSNIP). NYSNIP is a demonstration project that makes it easier for Supplemental Security Income (SSI) recipients who live alone to get and continue to receive SNAP benefits.

Information you gave to your worker during the recent recertification of your SNAP case showed that you will receive as much or more in SNAP benefits if you are included in NYSNIP than you would receive if you were not included in NYSNIP. NYSNIP participants can have longer certification periods for their SNAP cases, may receive more in SNAP benefits, and do not have to report as much information to their worker. So, it benefits you to be included in this project. Because it benefits you to be included in NYSNIP, you must be included in NYSNIP.

The amount of SNAP benefits you get is based on shelter (rent, mortgage, taxes and insurance), your income and whether or not you live in subsidized housing where heating, cooling and utility costs are included in the rent.

If you continue to get SSI and live alone, you will only have to recertify for SNAP benefits every four years.

However, every two years, you will get a letter asking you to answer a few questions about your living arrangements, shelter costs, heating and other utility costs. After you answer the questions you must mail the letter back to your local SNAP Benefits office to continue receiving benefits.

It still will be important to report certain changes in your circumstances to both your SNAP benefits worker and your SSI worker. You should tell your SNAP worker

SOCIAL SECURITY ADMINISTRATION

Date: May 23, 2017
Claim Number: XXX-XX-2888A
XXX-XX-2888DI

DAVID PAYNE
861 E 46TH ST APT 1A
BROOKLYN NY 11203-5749

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2016, the full monthly
Social Security benefit before any deductions is.....\$ 720.20

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 720.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Information About Supplemental Security Income Payments

Beginning October 2014, the current
Supplemental Security Income payment is.....\$ 35.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

Date of Birth Information

The date of birth shown on our records is December 17, 1953.

Medicare Information

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You are entitled to hospital insurance under Medicare beginning August 1991.

You are entitled to medical insurance under Medicare beginning August 1991.

Type of Social Security Benefit Information

You are entitled to monthly disability benefits.

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

SUSPECT SOCIAL SECURITY FRAUD?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

IF YOU HAVE QUESTIONS

We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 866-563-9461. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
2250 NOSTRAND AVE
BROOKLYN, NY 11210

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

OFFICE MANAGER

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Mark Harooni, M.D. Jonathan Sheindlin, M.D. Robert Feig, M.D.
586 President Street, Suite B
Brooklyn, New York 11215
Phone: (718)438-5600
Fax : (917) 386-2679

Doctor _____

Date: _____

Dear Doctor:

Please note that our mutual patient is scheduled for the following procedure(s):

Name of Patient: Payne, David

Diagnosis: Retinal Detachment, Vitreous Hemorrhage, Diabetic Retinopathy

cataract

Procedures: PARS PLANA VITRECTOMY / CE-RT

Anesthesia: MAC

Date of Surgery: 6/10/2015

Place of Surgery: BROOKLYN EYE SURGERY CENTER - 1301 AVENUE J
BROOKLYN, NY

Surgeon: Dr. M. Harooni

Please note that the patient needs to be medically cleared for this surgery. A medical clearance form is enclosed. Please also note that the following laboratory tests are needed:

1. CBC
2. SMA7 - CMP ACCEPTABLE
3. EKG
4. Completed medical clearance form - attached

Please complete and fax the above information to Fax: (917) 386-2679

Thank you,
~~Beth Katz~~
Surgical Coordinator
718-221-2020

Maggie

Sealed under Court Order
in Case No. 1:17-cv-03536-ENV-RML
Dated 06/10/17
USDC SDNY

(s) subject to the provisions of the order of the court in Case No. 1:17-cv-03536-ENV-RML

the order of the court in Case No. 1:17-cv-03536-ENV-RML

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Mark Harooni, M.D. Jonathan Sheindlin, M.D. Robert Feig, M.D.
586 President Street, Suite B
Brooklyn, New York 11215
Phone: (718)438-5600
Fax : (917) 386-2679

Doctor Cherian

Date: _____

Dear Doctor:

Please note that our mutual patient is scheduled for the following procedure(s):

Name of Patient: Payne, David

Oil removal

Diagnosis: Retinal Detachment, Vitreous Hemorrhage, Diabetic Retinopathy

Procedures: PARS PLANA VITRECTOMY

Anesthesia: MAC

EX-1
Date of Surgery: 11/11/15

Place of Surgery: BROOKLYN EYE SURGERY CENTER - 1301 AVENUE J
BROOKLYN, NY

Surgeon: Harooni

Please note that the patient needs to be medically cleared for this surgery. A medical clearance form is enclosed. Please also note that the following laboratory tests are needed:

1. CBC
2. ~~SMAP~~ - CMP ACCEPTABLE
3. EKG
4. Completed medical clearance form - attached

PT & PTT AS well
please

Please complete and fax the above information to Fax: (917) 386-2679

Thank you,
~~Beth Katz~~
Sylvia
Surgical Coordinator
718-221-2020

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
In re: [illegible]
[illegible]
[illegible]

[The following text is mirrored and largely illegible due to the quality of the scan. It appears to be a series of lines, possibly representing a list or a set of data points, but the specific content cannot be discerned.]

Wednesday Nov 11, 2015

DR MARK HAROONI
DR ROBERT FEIG
DR JONATHAN SHEINDLIN

DR SHOBIT RASTOGI 11-12-15
DR LEKHA GOPAL

RETINAL DOCTOR SURGICAL COORDINATOR

Sylvia

1530 BEDFORD AVE
BROOKLYN, NY 11216
PHONE: (718) 221-2020
FAX: (888) 718-0040

JONATHAN
SHEINDLIN

BROOKLYN EYE SURGICAL CENTER

★ Ex B 1

EXT# 153

1301 AVENUE J
BROOKLYN, NY 11230
PHONE: (718) 645-0600
FAX: (718) 677-1995

★

BAY RIDGE AMBULATORY SURGERY CENTER

699 92ND STREET
BROOKLYN, NY 11228
PHONE: (718) 567-1813, (718) 567-1229

THE NEW YORK EYE AND EAR INFIRMARY

310 EAST 14TH ST @ SECOND AVE
NEW YORK, NY 10003
(212) 979- 4306

BROOK PLAZA

5000 AVENUE K @ UTICA AVE
BROOKLYN, NY 11234
(718) 451-5170

If you don't hear from the Surgery
Center by Tuesday 11/10 @ 2pm
Please call Sylvia!

MARK HAROONI, M.D., JONATHAN SHEINDLIN, M.D., ROBERT FEIG, M.D.
586-B PRESIDENT STREET, BROOKLYN, NEW YORK 11215
TELEPHONE (718) 438-5600/ FAX (917)386-2679

PRE- POST OPERATIVE PATIENT INSTRUCTIONS

Surgery at:

Brooklyn Eye Surgery Center

Your surgery is scheduled for:

11/11/15

Please remember prior to your surgery, you must go to your PRIMARY CARE PHYSICIAN in order to obtain a clearance form. Your physician must clear you medically prior to surgery. Additionally, your physician must complete a CLEARANCE FORM, which must be FAXED to our office (917)386-2679.

There will be transportation arranged for you to take you to the center for the surgery and return you home following surgery. It may be helpful (but it is not required) to bring someone with you on the day of your surgery.

A nurse from the surgery center will call you 24 hours before your surgery to discuss and instruct you on your upcoming surgery. There may be a co-pay or co-insurance prior to surgery.

**REMEMBER: DO NOT DRINK OR EAT 8 HOURS PRIOR TO THE SCHEDULED PROCEDURE
YOU MAY TAKE MEDICATIONS WITH A SIP OF WATER**

- If you are diabetic, please follow your normal diabetic routine on the day of surgery, unless your primary care physician advises you otherwise. If you use insulin, please bring your own insulin and syringe with you to the surgery center.
- Take your regular prescription medications (or a list of them) with you to the surgery center. If you are taking a water pill, wait until after the surgery to take it.
- If you become ill or develop a fever before your surgery, please notify your doctor and surgery center.
- Do not wear eye or facial make-up on the day of surgery.
- When the surgery is completed, you will have a patch and a shield placed on the operated eye. Please try to keep the patch clean and dry. You do not need to use any eye drops on the day of surgery.
- One day after your surgery, you will need to come to the office so that a physician can examine you. The physician will give you instructions as to the medications you will need to take. Please remember to bring the POST-OPERATIVE KIT given to you at the surgery center.

We hope that your surgical experience will be smooth and comfortable. If you have any questions regarding your surgery, please do not hesitate to call your surgical coordinator 718-438-5600. You may also call your doctor at any time.

STATE OF NEW YORK
COUNTY OF ALBANY
JULY 10, 2017

IN SENATE

REPORT OF THE COMMISSIONER OF THE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

FOR THE YEAR ENDING DECEMBER 31, 2016

The Department of Environmental Conservation (DEC) is pleased to present this report to the Senate for the year ending December 31, 2016. This report provides a comprehensive overview of the Department's activities, accomplishments, and challenges during the past year.

The Department's primary mission is to protect and enhance the State's natural resources, including its air, water, and land. To achieve this mission, the Department has implemented a variety of programs and initiatives, including the following:

• **Air Quality:** The Department has continued its efforts to improve air quality throughout the State. This includes implementing measures to reduce emissions from major sources, as well as promoting the use of cleaner fuels and technologies.

• **Water Quality:** The Department has also focused on improving water quality in the State's rivers, streams, and lakes. This includes implementing measures to reduce pollution, as well as promoting the use of best management practices for agriculture and forestry.

• **Land Use:** The Department has continued its efforts to protect and enhance the State's natural resources, including its forests, wetlands, and wildlife. This includes implementing measures to reduce habitat loss, as well as promoting the use of sustainable land management practices.

• **Wildlife:** The Department has also focused on protecting and enhancing the State's wildlife resources. This includes implementing measures to reduce poaching, as well as promoting the use of sustainable hunting and fishing practices.

• **Public Participation:** The Department has continued its efforts to engage the public in its decision-making process. This includes holding public hearings, conducting outreach campaigns, and providing opportunities for public comment on proposed actions.

• **Regulatory Enforcement:** The Department has continued its efforts to enforce its regulations and standards. This includes conducting inspections, issuing citations, and pursuing legal action against violators.

• **Research and Monitoring:** The Department has also continued its efforts to conduct research and monitoring to better understand the State's natural resources and the impacts of human activities. This includes conducting water quality monitoring, wildlife surveys, and air quality studies.

• **Public Information:** The Department has continued its efforts to provide the public with information about its activities and programs. This includes publishing reports, holding public meetings, and maintaining a website that provides information about the Department's work.

• **Interagency Cooperation:** The Department has continued its efforts to cooperate with other State and Federal agencies to address environmental issues. This includes participating in joint ventures, sharing information, and coordinating efforts to protect and enhance the State's natural resources.

Things to know about your denied claim:

- **NOTE: We have denied all or part of this claim. However, you are not responsible for paying the billed amount because you received this service from a LIFE IMPROVEMENT PLAN (HMO SNP) provider.**

- **If you have questions, you can contact:**
 - Our Member Services (phone numbers are in a box on page 1)
 - 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY users should call 1-877-486-2048.)

BROOKLYN EYE SURGERY CENTER LLC

Claim Number: 0112021574698

In-network

	Date of Service	Amount the provider billed the plan	Total Cost (amount the plan approved)	Plan's share	Your share
VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CELLULAR MEMBRANE (EG, MACULAR PUCKER) (billing code 67041)	11/11/2015	\$2,500.00	\$1,965.45	\$1,965.45	\$0.00

TOTALS:		\$2,500.00	\$1,965.45	\$1,965.45	\$0.00
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MARK HAROONI MD

Claim Number: 0112181521369

In-network

	Date of Service	Amount the provider billed the plan	Total Cost (amount the plan approved)	Plan's share	Your share
VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CELLULAR MEMBRANE (EG, MACULAR PUCKER) (billing code 67041)	11/11/2015	\$3,000.00	\$995.68	\$995.68	\$0.00

TOTALS:		\$3,000.00	\$995.68	\$995.68	\$0.00
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CONSENT FORM TO LASER SURGERY

You have been given information about your condition and the recommended surgical medical or diagnostic procedure to be used. This consent form is designed to provide a written confirmation of such discussions by recording some of the more significant medical information given to you. It is intended to make you better informed so that you may give or withhold your consent to the proposed procedure.

Condition: Doctor has explained to me that the following conditions exist in my case:

Glaucoma laser

Proposed Procedure: I understand that the procedure proposed for evaluating my condition is:

laser Right Eye Left Eye

Risks/ Benefits of the proposed Procedures:

Just as there may be benefits to the proposed, I also understand that medical and surgical procedures involve risk. These risks include allergic reaction, bleeding, infection, adverse side effects of drugs, or even loss of bodily function or life.

I also realize that there are particular risks associated with the procedure proposed for me and that these risk include but are not limited to:

1. Failure to achieve intent of surgery
2. Loss of vision
3. Bleeding in the eye
4. Early or late increase in pressure in the eye (Glaucoma)
5. Collection of Fluid in the back of the eye

Additional Comments:

Patient Signature: *[Signature]* Date: *12-22-15*

PFO

DR MARK HAROONI
DR ROBERT FEIG
DR JONATHAN SHEINDLIN

DR SHOBIT RASTOGI
DR LEKHA GOPAL

RETINAL DOCTOR SURGICAL COORDINATOR

*Can see only dark
Shadows.*

1530 BEDFORD AVE
BROOKLYN, NY 11216
PHONE: (718) 221-2020 -
FAX: (888) 718-0040

*1-7
718-312-2128
718-773-3711*

BROOKLYN EYE SURGICAL CENTER

Ex 1

EXT# 153

1301 AVENUE J
BROOKLYN, NY 11230
PHONE: (718) 645-0600
FAX: (718) 677-1995

6 10 15

BAY RIDGE AMBULATORY SURGERY CENTER

699 92ND STREET
BROOKLYN, NY 11228
PHONE: (718) 567-1813, (718) 567-1229

THE NEW YORK EYE AND EAR INFIRMARY

310 EAST 14TH ST @ SECOND AVE
NEW YORK, NY 10003
(212) 979- 4306

BROOK PLAZA

5000 AVENUE K @ UTICA AVE
BROOKLYN, NY 11234
(718) 451-5170

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THE BROOKLYN HOSPITAL CENTER

Claim Number: 0112221577207

In-network

TREATMENT OF SWALLOWING
DYSFUNCTION AND/OR ORAL FU
NCTION FOR FEEDING (billing code
92526)

Date of
ServiceAmount the
provider billed
the planTotal Cost
(amount the
plan approved)

Plan's share

Your share

11/02/2015

\$227.25

\$81.95

\$0.00

\$0.00

TOTALS:

\$227.25

\$81.95

\$0.00

\$0.00

SHOBIT J RASTOGI MD

Claim Number: 0112291510641

In-network

IRIDOTOMY/IRIDECTOMY BY LASER
SURGERY (EG, FOR GLA UCOMA)
(ONE OR MOR SESSIONS) (billing code
66761)

Date of
ServiceAmount the
provider billed
the planTotal Cost
(amount the
plan approved)

Plan's share

Your share

12/22/2015

\$2,500.00

\$343.00

\$343.00

\$0.00

TOTALS:

\$2,500.00

\$343.00

\$343.00

\$0.00

Ex c-1



DATE	DESCRIPTION	AMOUNT	BALANCE	DATE	DESCRIPTION	AMOUNT	BALANCE
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10/1/17	DEPOSIT	100.00	100.00	10/1/17	DEPOSIT	100.00	100.00
10/1/17	DEPOSIT	100.00	200.00	10/1/17	DEPOSIT	100.00	200.00
10/1/17	DEPOSIT	100.00	300.00	10/1/17	DEPOSIT	100.00	300.00
10/1/17	DEPOSIT	100.00	400.00	10/1/17	DEPOSIT	100.00	400.00
10/1/17	DEPOSIT	100.00	500.00	10/1/17	DEPOSIT	100.00	500.00
10/1/17	DEPOSIT	100.00	600.00	10/1/17	DEPOSIT	100.00	600.00
10/1/17	DEPOSIT	100.00	700.00	10/1/17	DEPOSIT	100.00	700.00
10/1/17	DEPOSIT	100.00	800.00	10/1/17	DEPOSIT	100.00	800.00
10/1/17	DEPOSIT	100.00	900.00	10/1/17	DEPOSIT	100.00	900.00
10/1/17	DEPOSIT	100.00	1000.00	10/1/17	DEPOSIT	100.00	1000.00

DATE	DESCRIPTION	AMOUNT	BALANCE	DATE	DESCRIPTION	AMOUNT	BALANCE
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10/1/17	DEPOSIT	100.00	100.00	10/1/17	DEPOSIT	100.00	100.00
10/1/17	DEPOSIT	100.00	200.00	10/1/17	DEPOSIT	100.00	200.00
10/1/17	DEPOSIT	100.00	300.00	10/1/17	DEPOSIT	100.00	300.00
10/1/17	DEPOSIT	100.00	400.00	10/1/17	DEPOSIT	100.00	400.00
10/1/17	DEPOSIT	100.00	500.00	10/1/17	DEPOSIT	100.00	500.00
10/1/17	DEPOSIT	100.00	600.00	10/1/17	DEPOSIT	100.00	600.00
10/1/17	DEPOSIT	100.00	700.00	10/1/17	DEPOSIT	100.00	700.00
10/1/17	DEPOSIT	100.00	800.00	10/1/17	DEPOSIT	100.00	800.00
10/1/17	DEPOSIT	100.00	900.00	10/1/17	DEPOSIT	100.00	900.00
10/1/17	DEPOSIT	100.00	1000.00	10/1/17	DEPOSIT	100.00	1000.00

Details for claims processed in June 2016

Look over the information about your claims — does it seem correct?

- If you have questions or think there might be a mistake, start by calling the doctor's office or other service provider. Ask them to explain the claim.
- If you still have questions, call us at Member Services (phone numbers are in a box on page 1).

You have the right to make an appeal or complaint

- Making an appeal is a formal way of asking us to change our decision about your coverage. You can make an appeal if we deny a claim. You can also make an appeal if we approve a claim but you disagree with how much you are paying for the item or services. For information about making an appeal, call us at Member Services (phone numbers are in a box on page 1).

Remember, this report is NOT A BILL:

- If you have not already paid the amount shown for "your share," *wait until you get a bill* from the provider.
- If you get a bill that is *higher* than the amount shown for "your share," call us at Member Services (phone numbers are in a box on page 1).

NORMAN A SAFFRA MD

Claim Number: 0106141644660

In-network

	Date of Service	Amount the provider billed the plan	Total Cost (amount the plan approved)	Plan's share	Your share
OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC AND TREATMENT PROGRAM; INTERMEDIATE, ESTABLISHED PATIENT (billing code 92012)	06/09/2016	\$250.00	\$56.84	\$56.84	\$0.00
OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG FOR RETINAL DETACHMENT MELANOMA) (billing code 92226)	06/09/2016	\$200.00	\$16.66	\$16.66	\$0.00

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NORMAN A SAFFRA MD

Claim Number: 0106141644660
In-network

Date of Service	Amount the provider billed the plan	Total Cost (amount the plan approved)	Plan's share	Your share
TOTALS:	\$450.00	\$73.50	\$73.50	\$0.00



THE UNIVERSITY OF CHICAGO

SECRET

1. *Chlorophyll a* and *Chlorophyll b* contents were determined by spectrophotometry using the method of Lichtenthaler and Whistler (1987). The total chlorophyll content was calculated as the sum of chlorophyll *a* and chlorophyll *b*.

THE UNIVERSITY OF CHICAGO

1990

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

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